WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

BWSP OPERATIONS MEMO

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PRIORITY: High

TO: **Economic Support Supervisors**
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies

FROM: Stephen M. Dow
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Work Programs Section

SUBJECT: **ENROLLMENT & DISENROLLMENT IN FAMILY CARE & PACE / PARTNERSHIP**

CROSS REFERENCE: Operations Memos 00-79 (Long Term Care), 00-80 (SSI Waiver), 00-81 (Family Care), & 00-82 (PACE Partnership)

Pilot counties should also reference training materials from DWD/DES and DHCF/BHCE.

EFFECTIVE DATE: Immediately

PURPOSE

This memo will, we hope, provide you with a better understanding of how the Family Care enrollment process works in CARES and MMIS. There have been many questions from the pilot counties about how to change incorrect enrollment dates confirmed in CARES, how to disenroll recipients from these programs and how to enter level of care changes.

This also clarifies when a paper enrollment or disenrollment form is necessary and provides additional information regarding the PACE/Partnership enrollment/disenrollment process.

BACKGROUND

When the Family Care and PACE/Partnership changes were implemented in CARES in July 2000, the enrollment process into these programs was also automated.

FAMILY CARE

In July 2000, various screens and fields were added to CARES to accommodate the Family Care enrollment process. Resource Centers have been instructed to send a copy of the Family Care enrollment form to the ES after final options counseling has occurred and enrollment date is set. ES enters the enrollment date and the corresponding Family Care and Medicaid (MA) information into CARES and keeps a copy of the enrollment form on file.

The Family Care enrollment form contains the member's release of information statement. It is important that ES retain the enrollment form in the case file because the recipient's release of information authorizes EDS to send the confidential claims history information to the CMO for each Family Care member. If the member does not want his/her claims information sent to the CMO, Resource Center staff have been instructed to contact EDS to relay the customer's preference.

Family Care enrollment information is transmitted to MMIS directly from the ANFR and ANMC screens via a special CARES record type. The information is not dependent on adverse action logic.

FAMILY CARE ENROLLMENT IN CARES

ENROLLMENT FOR A PAST MONTH

When processing a Family Care case with an enrollment date in a month prior to the processing month, ES should indicate this request for a backdate on ACPA. **Note**: The request for retroactive Medicaid can be up to 3 months per policy, despite the request for retroactive Family Care for just one month. On ANFR, the effective month/year should be the month that the person is being enrolled into Family Care.

Example: If you are processing an application for Family Care in May, 2001, and the Resource Center has indicated an enrollment date of April 15 due to priority services provided to the recipient, a backdate of 1 month would be entered on ACPA. The effective MM**CC**YY on ANFR is 042001 and the enrollment date is 04/15/01.

HOW TO CORRECT OR CHANGE A MEMBER'S ENROLLMENT DATE

NOTE: This should only happen in rare circumstances due to miscommunication or CARES keying error**.**

When a Family Care enrollment date has been entered on ANFR and Family Care eligibility is confirmed in CARES, the enrollment date is sent to MMIS that night. Once the date has been transmitted to MMIS, the ES may be able to change the information using CARES. Deleting or end dating Family Care on ANFR does not erase or change the initial enrollment date that was sent to MMIS.

There are 2 possible scenarios when an incorrect enrollment date has been confirmed in CARES:

1. The date that was initially entered on ANFR is **earlier** than the correct date. In this case, the date cannot be corrected using CARES as it has already been applied to MMIS. Like CARES Medicaid eligibility, enrollment data cannot be removed from MMIS via CARES once it has been established. The ES needs to fax a copy of the revised, consumer signed enrollment form with the correct enrollment date to the Enrollment Specialist, DHCF, at: (608) 261-7793. Following receipt a directive will be issued to EDS to manually correct the enrollment date. ES needs to send a manual notice.

   Example: A Family Care member is determined eligible for Family Care with an enrollment date of 04/15/01. The ES enters the enrollment date and then runs and confirms eligibility on 4/10/01. The next day, the Resource Center sends the ES a new enrollment form with the correct enrollment date of 05/01/01, because the 04/15/01 date was a mistake. Because the 04/15/01 enrollment date was earlier than the correct date and it was already sent to MMIS, it cannot be changed in CARES. A new enrollment form will have to be submitted to the Enrollment Specialist by fax at 608-261-7793 so that EDS can make the change. The Resource Center Worker and ES should obtain a signed enrollment form that reflects the correct enrollment date.

2. The date that was initially entered on ANFR is **later** than the correct date. When this happens, ES may be able to fix the enrollment date in CARES if the entry in effective month/year field on ANFR is consistent with the new enrollment date. If the correct date cannot be entered into CARES because the enrollment date is not consistent with the effective month/year and the corresponding CARES date edits on screen ANFR, send a new, consumer signed enrollment form to the Enrollment Specialist, DCHF, by fax at 608-261-7793. The ES needs to send a manual notice.

   Example: A Family Care member is determined eligible for Family Care with an enrollment date of 04/15/01. The ES enters the enrollment date and then runs and confirms eligibility on 4/10/01. The next day, the Resource Center sends the ES a new enrollment form with a corrected enrollment date of 04/1/01. Because the (erroneous) 04/15/01 date is later than the correct date of 04/1/01, the ES can go to ANFR, enter 04/1/01 in the enrollment date field and then run/confirm eligibility in CARES to send the correct date to MMIS.

CHANGING THE LEVEL OF CARE FOR FAMILY CARE

If a Family Care member's level of care changes at a later date, the Resource Center will submit to the ES a model referral form indicating the new level of care, the effective date of the level of care change, and any changes in medical/remedial expenses.

To process the new level of care, the ES should make the following changes in CARES: On ANFR enter the effective month in the MMYY field equal to the month in which the LOC change has occurred. Assess whether the new level of care requires entries on ANCW or a change to the "Is this person COP functionally eligible?" field on the ANCW screen. Only those individuals found to be at Nursing Home Comprehensive level of care are entitled to use the higher income limits associated with waivers in determining Medicaid eligibility. The enrollment date field on ANFR should be changed to the effective date of the level of care change. This will ensure that the CMO will be reimbursed for this member at the capitation rate that is associated with the new level of care based on the effective date of the level of care change. Run SFED but do not

confirm. Identify whether the individual's Medicaid eligibility has changed or ended as a result of the level of care change. Contact the resource center to communicate the outcome.

Reminder: Persons at the intermediate level of care, who are not MA eligible, should not be enrolled in Family Care unless there are Adult Protective Service concerns. The enrollment date entered on ANFR is transmitted directly to MMIS. It is not necessary to run with dates to transmit a level of care (LOC) change because LOC is not dependent on adverse action logic.

FAMILY CARE DISENROLLMENT

There are 2 methods ES can use to disenroll a member from Family Care: CARES or a manual disenrollment form. Which method is used depends entirely on the date of disenrollment and the date that the disenrollment is entered into CARES. ES should keep a copy of the signed disenrollment form on file.

VOLUNTARY REQUESTS TO DISENROLL

To process a voluntary request for disenrollment from Family Care in CARES, the Family Care request question on ANFR should be changed to "No" and eligibility should be run. After eligibility is confirmed a disenrollment date will automatically be populated on ANFR. The date that will be populated is an end of month date that follows adverse action logic. If Family Care is *"derequested*" on ANFR before adverse action the date will be the end of the current month. If Family Care is *"derequested"* on ANFR after adverse action, the disenrollment date populated by CARES will be the end of the following month.

If the member's actual disenrollment date matches the date populated by CARES, then it is not necessary to send a copy of the disenrollment form in. Resource Centers have been encouraged to set disenrollment dates that follow adverse action logic.

When a member requests to be disenrolled in mid month or requests to be disenrolled at a date that is not consistent with the date populated on ANFR (which is set according to adverse action logic), EDS has to manually key the earlier date. In this situation, ES should fax a copy of the signed disenrollment form to the DHCF Enrollment Specialist at 608-261-7793.

It is important to have the correct disenrollment date on file at MMIS. Providers often verify eligibility when a recipient requests services. The recipient's services may be delayed if the provider verifies through MMIS that the person is enrolled in the CMO when in actuality the disenrollment date on file at MMIS does not match the date on the disenrollment form.

DEATH OF A FAMILY CARE PARTICIPANT & DISENROLLMENT

If a Family Care member dies, ES workers need to enter the date of death on ANDA, run eligibility, and confirm. Once this is done, an end of the month disenrollment date will be populated on ANFR and eligibility for all open programs will end. The date of death as well as the Family Care disenrollment date will then be transmitted to MMIS. The Family Care disenrollment date on MMIS will be the member's date of death. It is not necessary to send a disenrollment form to the state when the member dies midmonth or prior to the disenrollment date populated on ANFR in CARES.

NON-PAYMENT OF COST SHARE & DISENROLLMENT

When ES is informed in writing by the Resource Center or CMO that an enrollee has not met the cost share obligation for past months' services, the member will be disenrolled from the CMO. ES should enter "N" to the question *"Are you meeting your cost share/spend down obligation?"* on ANMC, run SFED and confirm. This will end the Family Care enrollment according to adverse action logic. A CARES notice will be sent to the recipient informing them of the termination of eligibility. ES should file the written notice of non-payment.

OUT-OF-COUNTY MOVES

If a Family Care enrollee moves to a county out of the CMO service area and the move was not coordinated by the CMO for Family Care services, the ES should change the Family Care request question on ANFR to "N". A disenrollment form will be provided by the Resource Center to ES. If the date on the form does not match the date populated on ANFR after closing Family Care, fax a copy of the form to the DHCF Enrollment Specialist at (608) 261-7793. After the ES updates address, living arrangement and shelter cost information in CARES, the case is transferred between counties. This generates a notice to the recipient that they must apply in the new county of residence in order to have continued eligibility determined. ES must send a manual notice when the disenrollment date doesn't coincide with adverse action logic.

SPECIAL CIRCUMSTANCE -- FAMILY CARE COORDINATED OUT-OF-COUNTY PLACEMENT

If a Family Care enrollee is placed by the CMO in a facility outside the county; the Family Care county is still considered the county of residence. ES should record the address change on ACCH and document on Case Comments (ACCC) the reason for the case remaining in the Family Care county (e.g., this is a Family Care coordinated service placement rather than permanent residential move to a new county). ES should work closely with the Resource Center and the CMO to ensure that the out-of-county facility accepting the placement and the ES in that county understands that the case remains with the Family Care county that coordinated the placement.

Example: Mr. Jones is a CMO enrollee. He and his care management team decide that his health care needs will be best met in a residential facility in a neighboring county. Mr. Jones is "placed" by his CMO in the facility in the non-Family Care county. However, Mr. Jones remains a resident of the Family Care CMO county. His case remains within the Family Care county's ES caseload. This arrangement needs to be communicated to:

1. The facility where Mr. Jones will reside
2. The ES office of the new county, to alert them not to pull the case from the CMO county.
3. In the Family Care CMO county the ES and Resource Center must monitor the case with the CMO to assure that Mr. Jones is not mistakenly disenrolled from his CMO or dropped from the Family Care county's ES caseload.

FAMILY CARE & MAPP

ENROLLMENTS

1. Intake

If an applicant is interested in and eligible for both MAPP and Family Care, the ES should indicate submit a 3070 to EDS and fax the Family Care enrollment form to the DHCF Enrollment Specialist at 608-261-7793 for manual processing. The ES should indicate the person as a MAPP recipient on the enrollment form.

2. Ongoing

If an MA recipient is enrolled in Family Care and later becomes eligible for MAPP, the ES should identify the individual as a FC enrollee in the comments field on the 3070 that is used to certify MAPP eligibility and place the enrollment form in the file. There is no need to send the enrollment form to DHCF or EDS for this type of change.

DISENROLLMENTS

ES should send a manual negative notice for both MAPP and Family Care when a MAPP recipient loses eligibility or voluntarily disenrolls from Family Care. The exception is if the individual becomes otherwise eligible for Medicaid and is reentered in CARES. In those situations the case would be processed per Ops Memo instructions for a FC case and enrollment information would be sent directly to MMIS via the CARES interface along with the Medicaid eligibility that is confirmed.

PACE / PARTNERSHIP

PACE/PARTNERSHIP ENROLLMENT IN CARES

FORMS

These forms have recently been revised and were provided to PACE/Partnership agencies to assist in enrolling both county MA and SSI recipients into PACE/Partnership. See the sample section below. Each PACE and Partnership agency has its own, approved forms.

Beginning 02/01/01, PACE/ Partnership Organizations have been instructed to send the enrollment (and disenrollment) forms directly to the ES rather than to EDS. The Management Group has no oversight or approval for PACE/Partnership enrollment. The enrollment forms include the Bureau of Quality Assurance nursing home level of care determination.*

Following is a sample of the bottom section of the enrollment form provided to ES by a PACE/Partnership agency. Note the location of the Date and *LEVEL OF CARE (SNF, ICF, ISN) Indicators.

Date of Enrollment _____

☐ SAMPLE Partnership *SNF 18-64 (Provider # 69xxxxxx)	☐ Sample Partnership *SNF 65+ (Provider # 69xxxxxx)
☐ Sample Partnership *ICF 18-64 (Provider # 69xxxxxx)	☐ Sample Partnership *ICF 65+ (Provider # 69xxxxxx)
☐ SAMPLE Partnership *ISN 18-64 (Provider # 69xxxxxx)	☐ Sample Partnership *ISN 65+ (Provider # 69xxxxxx)

Enrollment information, including effective date, program (PACE or Partnership), and level of care is provided by the PACE/Partnership agency and transmitted directly to MMIS from the ANCW screen.

REQUEST FOR RETROACTIVE ENROLLMENT

PACE or Partnership members that lose MA eligibility and regain it within three calendar months may be retroactively enrolled into the respective program following the Medicaid backdating policies.

For additional information about the PACE/Partnership programs and CARES, see Operations Memo 00-82.

Example: Kelly was enrolled in the Partnership program until she lost her MA eligibility on January 31, 2001. On May 11, 2001, she re-applied for MA at the county. The ES should contact the Partnership agency to ask if she received services from their agency since February 1, 2001. If the program states that she had, ES will re-enroll her in Partnership if she is found to be MA eligible.

LEVEL OF CARE CHANGE IN PACE OR PARTNERSHIP PROGRAMS

When the Pace/Partnership organization reports a level of care change that has been approved by BQA, make the following changes to CARES. Tran to ANCW, and type over the "begin MMYY" field with the current month. In the program start date field enter the date for which the level of care is effective. The Pace/Partnership organization will provide the date to the ES worker. Retroactive dates can be entered in this field. Enter the new PACE/Partnership level of care. Run SFED and confirm. The program start date and level of care entered on ANCW will be sent through the MMIS interface and updated at EDS. This will ensure that the program will be reimbursed for the member at the capitated rate associated with the new level of care based on the effective date (program start date on ANCW) of the change. A LOC change start date is not dependent on adverse action logic. There is no need to run with dates for a LOC change only as the detailed information interfaces directly from CARES screen ANCW to MMIS.

PACE/PARTNERSHIP DISENROLLMENT

DISENROLLMENT FORMS

A disenrollment form indicating the effective disenrollment date must be submitted by the PACE/Partnership organization to ES. Each Program has its own, approved form to use for disenrollment (see sample section below).

For xxxx of xxxx County Use Only

Date of Disenrollment _____

☐ Voluntary Disenrollment
(member or legal guardian signature is required)

☐ Involuntary Disenrollment

☐ Death or Loss of Waiver Eligibility Date of Death or Ineligibility _____

VOLUNTARY DISENROLLMENT

Pace and Partnership enrollment is voluntary. If a recipient informs the ES worker that s/he chooses to disenroll, the ES worker should contact the Pace/Partnership organization to inform them of the recipient request. The organization would counsel recipient regarding their decision and would then provide the ES worker with a disenrollment form that includes the effective date of the recipient's disenrollment. When ES removes the Pace/Partnership program type from ANCW, the Pace/Partnership AG will close with an effective date related to adverse action. If the disenrollment date on the form is earlier than the adverse action closure date, the ES worker should fax the form to the DHCF Enrollment Specialist at 608-261-7793.

It is important to have the correct disenrollment date on file at MMIS. Providers verify eligibility each time a MA recipient has an appointment. The recipient's services may be delayed if the provider verifies through MMIS that the person is enrolled in the PACE or Partnership when in actuality the disenrollment date on file at MMIS does not match the date on the disenrollment form. **Do not** use a manual 3070 form to send a mid-month disenrollment date. Medicaid will continue under PACE/Partnership waiver medical status code according to adverse action logic.

DEATH OF A PACE OR PARTNERSHIP PARTICIPANT & DISENROLLMENT

If a PACE or Partnership member dies, ES workers need to enter the date of death on ANDA, run eligibility, and confirm. The date of death as well as the PACE or Partnership disenrollment will then be transmitted to MMIS. The PACE or Partnership disenrollment date on MMIS will be the member's date of death. It is not necessary to send a disenrollment form to DCHF when the member dies midmonth or prior to the disenrollment date populated in CARES. Keep the disenrollment form for ES records.

NON-PAYMENT OF COST SHARE & DISENROLLMENT

When ES is informed in writing by the PACE/Partnership agency that an enrollee has not met the cost share obligation for past months' services, the member will be disenrolled. ES should enter "N" to the question "*Are you meeting your cost share/spend down obligation?"* on ANMC, run SFED and confirm. This will end the PACE/Partnership enrollment according to adverse action logic. A CARES notice will be sent to the recipient informing them of the termination of eligibility. ES should file the written notice of non-payment.

PACE/PARTNERSHIP & MAPP

Eligibility for MAPP is determined and certified manually. Some of the MAPP recipients may be waiver program eligible and may choose to enroll in the Pace or Partnership programs. All assistance groups in CARES must be closed in order for MAPP eligibility to remain on file in the MMIS system. This requires enrollments for Pace/Partnership to also be done manually.

Sending a 3070 form to EDS certifies the MAPP eligibility. The premium information form should also be sent to EDS, if applicable. The ES worker should obtain the enrollment form from the PACE/Partnership organization and fax it to the DCHF Enrollment Specialist at (608) 261-7793. **Do not** use a 3070 to enroll a recipient in the PACE or Partnership program.

PACE/PARTNERSHIP & MAPP DISENROLLMENT

ES should send a manual negative notice for MAPP and/or PACE/Partnership when a MAPP recipient loses eligibility or voluntarily disenrolls from the program. The exception is if the individual becomes otherwise eligible for Medicaid and is reentered in CARES. In those situations the case would be processed per Ops Memo instructions for a PACE/Partnership case and enrollment information would be sent directly to MMIS via the CARES interface along with the Medicaid eligibility that is confirmed.

CONTACT

DES CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.

Family Care Enrollment/Disenrollment Addendum

Enrollment Forms - Resource Center provides to ES

1. Economic Support Workers need this form for:
   a. All new Family Care enrollments
   b. Family Care re-enrollments for individuals that were enrolled but whose enrollment lapsed for any reason (eligibility lost, moved, etc.)
   c. Level of Care changes for existing Family Care members (if no other form is available)

   ***A copy of the enrollment form must be kept in the Economic Support Worker's case file to verify the enrollment date entered on ANFR and as a release of information for EDS to send a client claims history to the CMO

2. The DHCF Enrollment Specialist needs to have a paper enrollment form when:
   a. CARES cannot accommodate the enrollment date on the form
   b. The enrollment date initially entered and confirmed in CARES is earlier than the actual enrollment date
   c. Newly enrolled Family Care members are eligible for MAPP. If a Family Care member is enrolled in CARES/MMIS and switches to MAPP (which requires closing out Family Care in CARES), then an enrollment form does not have to be sent. ES should identify the member as a MAPP/FC recipient on both the 3070 and enrollment form.

Disenrollment Forms Resource Center provides to ES

1. Economic Support Workers need a disenrollment form when:
   a. A member voluntarily disenrolls from Family Care
   b. A member loses eligibility for not paying his/her cost share
   c. A member voluntarily moves out of the CMO service area
   d. A member is involuntarily disenrolled from Family Care (very rare)

A protocol is being established for involuntary disenrollments; they will most likely require that DHFS approval document be sent with the disenrollment form.

2. DCHF Enrollment Specialist needs a paper disenrollment form [fax (608) 261-7793] when:
   a. The member's disenrollment date does not match the date that CARES populates on ANFR
   b. Any joint MAPP/Family Care participant is disenrolling

DCHF Enrollment Specialist does not need disenrollment forms when:

1. A member dies - The ES must enter the date of death on ANDA, run eligibility in CARES and confirm. That will end all programs and disenroll the member from Family Care on the date of death. A paper disenrollment form does not have to be sent to DCHF.

2. A member loses eligibility for reasons other than moving out of the CMO service area - The ES needs to inform the Resource Center that eligibility has been lost. The Resource Center should share the information with the CMO. A disenrollment form does not have to be sent to DCHF. Note: a therapeutic placement (see above, d. 6.) is not a loss of eligibility or a disenrollment.

PACE/Partnership Enrollment/Disenrollment Addendum

Enrollment Forms

1. Economic Support Workers need this form for:
   a. All new PACE/Partnership enrollments
   b. PACE/Partnership reenrollments for individuals that were enrolled but whose enrollment lapsed for any reason (eligibility lost, moved, etc.)
   c. Level of Care changes for existing PACE/Partnership members (if no other form available) ***Be sure to enter the effective date of the level of care change in the Community Waivers program start date field on ANCW.***

   ***A copy of the enrollment form must be kept in the ES case file to verify the enrollment date (program start date field) entered on ANCW.

2. DCHF Enrollment Specialist needs to have a paper enrollment form when:
   a. CARES cannot accommodate the enrollment date on the form
   b. The enrollment date initially entered and confirmed in CARES is earlier than the actual enrollment date
   c. A MAPP recipient enrolls in PACE/Partnership. If a PACE/Partnership member is enrolled in CARES/MMIS and switches to MAPP (which requires closing out all eligibility in CARES), then an enrollment form does not have to be sent. ES should identify the member as a MAPP/PACE or Partnership recipient on both the 3070 and the enrollment form.

Disenrollment Forms

1. Economic Support Workers need a disenrollment form when a member:
   a. Voluntarily disenrolls from PACE/Partnership
   b. Loses eligibility for not paying his/her cost share
   c. Voluntarily moves out of the CMO service area
   d. Is involuntarily disenrolled from PACE/Partnership

2. DCHF Enrollment Specialist needs a paper disenrollment form when:
   a. The member's disenrollment date does not match the end date that CARES determines for the PACE/Partnership assistance group (MCWP/MCWR)
   b. All MAPP/PACE or Partnership participants that are disenrolling

Disenrollment forms are not needed when:

1. A member dies. The ES must enter the date of death, run eligibility in CARES and confirm. That will end all programs and disenroll the member from PACE/Partnership on the date of death. A paper disenrollment form does not have to be sent to DCHF.

2. A member loses eligibility for reasons other than moving out of the PACE/Partnership service area — the ES should inform the appropriate program that eligibility has been lost. A disenrollment form does not have to be sent to DCHF.